

Reviewer _____ District _____

Student No. _____ Age at IEP _____ Student Initials _____

Birth Date _____ Disability _____ Grade Level _____ IEP Date _____

Transition Outcomes Checklist March, 2002

****Please Note:**

Checklist questions in BOLD/ITALIC type do not need to be completed for students 14-15 years of age unless the student's Individual Education Plan (IEP) contains a statement of needed transition services.

Participants in the IEP Meeting

When the purpose of the meeting is the consideration of transition services.

1. Did the local education agency (LEA) invite the student? Yes _____ No _____
Comments:

2. Did the student attend the IEP meeting? Yes _____ No _____
Comments:

3. Did the local education agency (LEA) take steps to ensure that the student's preferences and interests were considered in the development of the IEP? Yes _____ No _____
Comments:

**Adapted from O'Leary, E., Lehman, M. and Doty, D. 2000. Adaptation from: The Individuals with Disabilities Education Act of 1997, Transition Services Requirements: A Guide for States, Districts, Schools, Universities and Families (J. Storms, E. O'Leary, and Jane Williams – in press 2000).*

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4. Will this student need involvement from any community agency in order to make a successful transition?

Comments:

Yes _____ No _____
(If yes to go 5) (If no go to 7)

5. Did the local education agency (LEA) invite a representative of any other community agency that is likely to be responsible for providing or paying for transition services?

(Reference – Notice of IEP Meeting, IEP Meeting Participants)

Comments:

Yes _____ No _____
(If yes to go 6) (If no go to 7)

6. If a representative from any agency did not attend, did the local education agency (LEA) take other steps to obtain their participation in the planning of any transition services?

(Reference – No specific reference on IEP)

Comments:

Yes _____ No _____

Parent and Student Participation

7. Does the Invitation to Participate in the IEP Meeting or Other Meeting indicate that one of the purposes of the IEP meeting will be the development of a statement of transition service needs and/or a statement of needed transition services?

Comments:

Yes _____ No _____

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8. Does the Invitation to Participate in the IEP Meeting or Other Meeting indicate that the local education agency (LEA) will invite the student?

(Reference –*Invitation to participate in the IEP Team Meeting*)

Comments:

Yes _____ No _____

Directions for Question #9. See Question #4. If **yes** (the student will need the involvement from an outside (community) agency in order to make a successful transition) answer question number 9. If answer to Question 4 is **no**, skip Question number #9 and go to Question #10.

9. Does the Invitation to Participate in the IEP Team Meeting or Other Meeting identify (by agency, position, and title) any other community agency that will be invited to send a representative?

(Reference –*See #8*)

Comments:

Yes _____ No _____

10. Does the Invitation to Participate in the IEP Team Meeting or Other Meeting indicate the date, time, and location of the meeting and who will be invited? (Reference –*See #8*)

Comments:

Yes _____ No _____

11. Does the Invitation to Participate in the IEP Team Meeting or Other Meeting inform the parents that they may invite other individuals who have knowledge or special expertise regarding their child, including related services personnel, as appropriate? (Reference –*See #8*)

Comments:

Yes _____ No _____

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Content of the IEP

If the student is 14 years of age, or younger if appropriate:

12. Does the IEP include a statement of the student's Present Levels of Educational Performance related to transition services?

(Reference – Present Level of Educational Performance)

Comments:

Yes _____ No _____

Statement of Transition Service Needs (STSN)

13. Does the IEP include a statement of transition services needs that specifies the student's courses of study (IEP Section VII. I)?

(Reference – IEP Transition Service Needs)

Comments:

Yes _____ No _____

Statement of Needed Transition Services (SNTS)

If the student is 16 years of age, or younger if appropriate:

14(a). Does the IEP define and project the student's desired post-school outcomes? (IEP Section VII.2, Desired Post-school Outcomes-see GRID)

Comments:

Yes _____ No _____

14(b). Does the IEP include a statement of needed transition services? (IEP Section VII.2, Desired Post-school Outcomes-see GRID)

Comments:

Yes _____ No _____

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15. Does the statement of coordinated transitional services and activities needed to support desired post-school outcomes consider:

- | | |
|---|--------------------|
| a. Instruction(academic and/or community based) | Yes _____ No _____ |
| b. Related services | Yes _____ No _____ |
| c. Community experiences | Yes _____ No _____ |
| d. Development of employment and other post-school adult living objectives | Yes _____ No _____ |
| e. Daily living skills | Yes _____ No _____ |
| f. Functional vocational evaluation | Yes _____ No _____ |

Comments:

16. Are the activities in the Statement of Coordinated Transitional Services and Activities Needed to Support Desired Post-school Outcomes presented as a coordinated set of activities? (Reference – IEP Needed Transition Services or Transition Section of the IEP)

Comments: Yes _____ No _____

17. Do the activities in the Desired Post-school Outcomes (GRID) and the Statement of Coordinated Transitional Services and Activities Needed to Support Desired Post-school Outcomes promote movement from school to the student's desired post-school outcomes?

Comments: Yes _____ No _____

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18. If appropriate, does the IEP list the Linkages, the agencies that may provide services/support (Before the student leaves the school setting)

Comments:

Yes _____ No _____ NA _____

**19. Is the statement of transition service needs (Courses of Study) reviewed at least annually?
(Reference – Yearly IEP documents)**

Comments:

Yes _____ No _____
(Age 13 at previous IEP)

20. Is the statement of needed transition services reviewed at least annually?

Comments:

Yes _____ No _____